

RESTRICTED

MILITARY GOVERNMENT
OF GERMANY

PUBLIC HEALTH AND
MEDICAL AFFAIRS



MONTHLY REPORT OF MILITARY GOVERNOR
U.S. ZONE 20 SEPTEMBER 1945

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SYNOPSIS

Denazification of German health personnel is continuing although many replacements have been found to be inexperienced or too old and inactive. Improved communications have facilitated better reporting from the field which shows an increase in communicable diseases throughout the United States Zone. Venereal diseases continue to be the most extensive hazard to American troops. Military Government has initiated a program for civilian control of venereal diseases and other communicable diseases. Constant check is being maintained on the movement of displaced persons and refugees into Germany in order to prevent an importation of infectious diseases which might result in epidemics. Surveys continue to show nutritional deficiency of the civilian population. Water supply distributing systems are being repaired as expeditiously as possible to improve sanitation. Efforts are being made to enlarge hospitalization facilities to meet the needs of the winter months. A system of medical supply, making the maximum use of local civilian supplies before utilizing military stocks, is now in effect, and no serious shortage of civilian requirements is anticipated.

SECTION I

ORGANIZATION

ALLIED HEALTH COMMITTEE

A committee of the Internal Affairs and Communications Directorate, Allied Control Authority, met on 28 August and drew up Terms of Reference which were submitted to the Internal Affairs and Communications Directorate for approval. This committee will act as advisors to the Directorate of Internal Affairs and Communications and, as such, will have authority to make studies and recommendations on its own accord, or upon assignment by higher authority, in the field of Public Health and all aspects of Military Government connected with or relating to medical and health affairs, consonant with the terms and provisions of the Tripartite Agreement of Berlin, and changes and amendments thereto.

MILITARY GOVERNMENT PERSONNEL

In the United States Zone there are 136 Military Government Medical Personnel engaged in the control and supervision of local and intermediate German civil public health administration. (Reference Table I, page 8). Policies and procedures applicable to health activities of the German authorities are transmitted to civil authorities through Military Government Detachments, with which the listed personnel are assuming direction of all Military Government health functions for German civilians and United Nations displaced persons in the United States Zone.

GERMAN PERSONNEL

Denazification continues as rapidly as practicable by removing civilian health personnel who were Nazis from public offices and positions of influence. Records to date show that 133 Nazi health officers have been removed. 122 of a total 284 German health officials functioning under Military Government supervision have been vetted. 162 officials have not been vetted. Of those vetted 114 have been found acceptable. Of the unacceptable vetted officials eight remain in positions due to operational necessity. Maintenance of health is essential even if denazification is less rapid than desired. For example, some difficulty has been experienced in the Eastern Military District in replacing dismissed civil officials. It is possible that much of the present typhoid incidence in Bavaria is due to the appointment of inexperienced Amtsärzte and other public health officials to replace experienced

officials who were dismissed for political reasons. Of 188 German Veterinary officials investigated 133, or 70 percent, have been discharged because of Nazi affiliations; 27 percent of those remaining are so old and inactive they require to be replaced. Temporary Veterinary appointments have been made for the Province of Bavaria; Ober and Mittelfranken, Niederbayern, Oberbayern and Schwaben Regierungsbezirke; Land Baden; 22 Stadt and Land Kreise and nine in the Veterinary Police Institute. (Reference Table II, pages 8).

REESTABLISHMENT OF HEALTH SERVICES

There are now 15 German Public Health supervising officers and 206 German Public Health officers functioning under Military Government. (Reference Table III, page 9). There are only 15 Kreise health offices vacant, but many of the Kreise health officers now functioning are inexperienced.

SECTION II

PREVENTIVE MEDICINE

COMMUNICABLE DISEASES

The most prevalent communicable diseases reported during the month were diphtheria, scarlet fever, and pulmonary tuberculosis; gonorrhea and syphilis; dysentery (infectious) and typhoid; and scabies. (Reference graphs page 10).

An increase of total cases reported was probably due to better reporting resulting from improved communications, improved cooperation by reporting officers and improved diagnoses. There was a similar marked decrease of typhus during the month. By the third week of July 1945 weekly reports from Kreise civil authorities were arriving ever more promptly, increasing the value of the reports for up-to-date control of communicable diseases.

Of communicable diseases affecting civilians venereal diseases continued to be the most extensive hazard to troops over the whole United States Zone.

During the month Military Government initiated a program for civilian control of venereal diseases, which requires German civil authorities to report venereal disease cases, establish diagnostic and treatment facilities, establish detention hospitals for isolation of patients in an infectious stage of disease, establish facilities for investigation of contacts and sources of infection, and establish facilities for investigation and return to treatment of patients who lapse treatment while potentially infectious.

Because of high incidence of venereal diseases among certain discharged German prisoners of war, retention of each found to have venereal disease upon examination prior to discharge has been prescribed until each is rendered non-infectious.

A principal immediate objective of Military Government is German control of tuberculosis by reestablishment of accurate case-reporting and provisions of sufficient sanatoria and hospital beds for treatment. It is the responsibility of public health officers in each area to obtain information and direct German authorities in utilizing the facilities available and to determine regularly the extent to which such facilities are in actual use. This procedure has been hampered by an insufficient number of available Military Government health officers and the scarcity of transport for those who are on duty.

Diphtheria immunization programs for all children entering school are being carried out in most communities throughout the United States Zone. German physicians are being encouraged to immunize pre-school children. Adequate supplies of diphtheria toxoid are available for the immunization program. The detection and diagnosis of diphtheria is handicapped by lack of diagnostic laboratory facilities. Attempts are being made to improve the civilian medical laboratory service.

Enteric diseases (typhoid and dysentery) assumed serious proportions in the Berlin (Reference graphs pagell) and Wurzburg areas. While much of the disease is occurring in refugees, local transmission is undoubtedly occurring due to consumption from contaminated water supplies or contact with disease cases or carriers. Greater efforts will have to be made to provide a safe water supply in bombed out cities if these diseases are to be controlled. All damaged urban water supplies should be chlorinated.

Present information indicates 90 percent of ulcerative cases of pulmonary tuberculosis are being cared for in homes. This is extremely dangerous for the population and occupying troops. Efforts are being made to have such cases isolated and placed under treatment. Additional facilities for the care of tuberculosis will be required.

NUTRITION

Nutrition surveys by five expert teams recently completed after ten weeks of study in 15 major cities indicate that the state of civilian nutrition is only fair. Cases of nutritional deficiency are beginning to appear in increasing numbers and indicates individuals involved are obtaining less than minimum maintenance diets although this is the season of year when food should be plentiful. Populations have been studied in Eastern Military District cities of Wurzburg, Nurnberg, Regensburg, Landshut, Munich, Bamberg and Augsburg and in Western Military District cities of Kassel, Stuttgart, Frankfurt, Giessen, Heidelberg and Wiesbaden. Partial and preliminary surveys have been obtained in Berlin and Bremen.

The food consumption averages approximately 1600 calories, with a range as low as 800 calories for certain normal consumers in Munich and 1043 calories for some heavy workers in Linz. Probably caloric deficiencies are indicated by weighted average deviations from normal physiological weights as follows:

<u>Adult Age Group (Years)</u>	<u>Average Weight Loss (Pounds)</u>	
	<u>Males</u>	<u>Females</u>
20 - 29	- 5	- 2
30 - 39	- 7	- 8
40 - 49	-12	-14
50 - 59	-16	-18
60 plus	-19	-22

Average body weights up to five years approximate normal except in Berlin where emaciation is occurring. From five to twelve years, consistently below standard weights average three pounds for girls in Frankfurt to fourteen pounds for boys in Stuttgart. For ages twelve to nineteen years, inclusive the average is six pounds below normal.

Protein deficiency exists in 0.7 percent except in Berlin, where it is very common, and in certain Frankfurt railroad workers where it was found in 13 percent. Deficiencies of vitamin "A" at 9.2 percent and vitamin "C" at 1.8 percent were found. Thiamin deficiency is lacking. Active rickets is present in about 16 percent of young children.

SANITATION

The water supply system at Darmstadt has been approved for use by military forces without further treatment. This is the only municipal water supply system that has been so approved in the United States Zone. Repair work to water distributing systems is second only to the repair of power transmission lines. Water supply distributing systems that have suffered damage from battle action will continue to be subject to pollution until the systems can be made safe against the flow of water into the systems through breaks in the mains. This danger is particularly great where the power may fail, resulting in a drop in the water pressure in the system. In the Western Military District more frequent power failures are expected during the winter than in recent weeks.

All water supplies in the Eastern Military District in communities experiencing current typhoid outbreaks are being chlorinated. In most cases this is done by use of temporary drip chlorinators. Transportation for persons collecting and

carrying specimens to the laboratories is the current obstacle in the establishment of the normal German water sampling schedule.

Public baths are the chief means for bathing in many cities. Cold water is now used in most baths due to the scarcity of fuel. Great difficulty is anticipated in maintaining good personal hygiene during the winter months unless fuel is made available for baths. In Munich alone, the need for fuel is estimated at 100 tons per month for public baths. A similar situation exists in most of the United States Zone.

Insect-born diseases were unimportant during the month.

Great difficulty has been experienced in making any headway in the renovation of housing units for the civilian population due to lack of all building materials.

LABORATORIES AND RESEARCH

There are known to be four state and six private diagnostic laboratories functioning in a limited way in the Eastern Military District and seven in the American Sector of Berlin. The number in the Western Military District has not been determined. Civilian diagnostic and public health laboratories are handicapped by lack of adequate housing, supplies, equipment and transportation for specimens.

SECTION III

MEDICAL AFFAIRS

MEDICAL EDUCATION

Medical faculties are seriously handicapped by mandatory removals. It has been established by testimony of reliable anti-nazi physicians and surgeons that in order to receive appointment as professor, assistant professor, or dozent the candidate was compelled to join the NSDAP. Most of the doctors interviewed stated that there is a surplus of doctors in Germany, but that many of those graduated during the past five years are poorly educated and trained. The suggestion was made that emphasis be placed on post-graduate rather than undergraduate medical education.

The medical school in Heidelberg opened 15 August for a six weeks' refresher course for 300 students. The undergraduate semester is to begin in October 1945. The medical school at Marburg opened 1 September 1945 for a post-graduate refresher course. Undergraduate instruction is expected to begin 1 November 1945.

The Erlangen Medical School is ready to open except for buildings. The 67th Evacuation Hospital now occupies the mess hall and larger lecture rooms, while professors' houses are being used for United States Officers' quarters. No available billets exist for students of the medical school.

At Wurzburg permission has been granted to open courses of instructions for practicing physicians in the diagnosis, treatment and control of venereal disease under the auspices of the Public Health Department of Mainfranken and the skin clinic of the former University of Wurzburg.

The University of Munich Medical School has been inspected, but the buildings are very badly damaged and it is impossible to have them in a state of repair to conduct classes this school year. All members of the faculty are being vetted.

The University of Berlin Medical School is located in the Russian Sector of Berlin. It will be reopened by order of the Russian Military Government on 1 October 1945 for undergraduate medical education. Approximately 600 students will be admitted to the first semester. The faculty will be composed of competent anti-nazi Germans. Students will be screened for Nazi sympathizers by a faculty board. No program of post-graduate medical training has been formulated.

The medical school at Tuebingen in the French Zone has been opened for post-graduate courses and made available to German civilian physicians of the American Zone.

NURSING AFFAIRS

There is evidence that there are sufficient nurses for hospital nursing in the United States Zone at this time. The nurses are well trained, efficient, and cooperative to date. Because of the shortage of hospitals it is probable that many nurses may be required for home bed-side care. Early reorganization of nurses' associations is economically necessary. Consideration is being given to measures to be prescribed for such, with particular attention to correlation between the German Red Cross, Caritas nurses, Deaconess Nurses and State Organization of Free Nurses, the four major former German organizations.

A plan for reopening of nursing schools has been adopted and is expected to be implemented within a month. The schools known to exist at this time are 53 general and 15 childrens' Nurses' Training Schools in the Eastern Military District. Surveys are incomplete in the Western Military District and Berlin.

HOSPITALIZATION

Except for the care of cases of open tuberculosis there have been sufficient hospital beds to meet requirements in the United States Zone up to now. The appearance of serious incidence of communicable diseases plus the new requirement for hospital facilities necessary for isolation of infectious cases of venereal diseases has created a marked change. Vacant beds are becoming less available. In the Eastern Military District there are 664 hospitals with 60,836 beds; in the United States Sector of Berlin there are 35 hospitals with 8,100 beds. Surveys are incomplete in the Western Military District.

Hospitalization in the United States is at about three percent of the population. The standard is normally lower in Germany. At present, however, the beds available in the United States Zone are dangerously low - from 0.5 to 1.0 percent. At present all the hospitals are full. Many are operating in unsuitable and badly damaged buildings, some even in caves. Although it is imperative that repairs be made as rapidly as possible in order to increase the number of hospital beds and to conserve fuel, necessary building materials and labor are still unavailable. With lack of fuel, shelter, and food, and the crowding that exists, illness and the danger of epidemics will increase the problem with the onset of cold weather.

SECTION IV

VETERINARY AFFAIRS

ANIMAL DISEASE CONTROL

Hog Cholera is the only epidemic disease which was reported during the month. It is now present in five Kreise along the Bavaria-Austrian border. Quarantine is being enforced in the infected area and all infected animals are being slaughtered.

Border policing along the eastern border of the United States Zone is being done by security troops who have been instructed to permit entry of no animals into the area unless they are accompanied by a health certificate.

This disease is new in this part of the continent. American methods of control, using the simultaneous method of immunization (virus and serum) have not been accepted in this province. This method introduces the causative organism into the territory. The German authorities preferred to try the quarantine and slaughter method as a means of control in preference to immunization. Quite recently it was decided to use vaccine and steps are now being taken by the Eastern Military District authorities to acquire the necessary biologicals.

MEAT AND DAIRY PRODUCTS

Progress has been made in reestablishing the meat inspection service in that temporary appointments for veterinary officials have been made in twenty-two Stadt and Land Kreise.

Pasteurization of milk in the United States Zone is variable. The lack of fuel has made it necessary to cease employing this process in some plants.

VETERINARY LABORATORIES AND RESEARCH

Progress is reported in reestablishing this service. Nine temporary appointments of veterinary officials in the Veterinary Police Institute have been made. Damaged establishments are gradually being repaired in order that essential work can be carried on.

BIOLOGICAL CONTROL

Production of foot and mouth vaccine, hog cholera serum and canine distemper vaccine will be established in the United States Zone if current acts are successful. Other needed biologicals can be produced within the Zone.

SECTION V**MEDICAL SUPPLY****CIVILIAN SUPPLIES**

To date there have been no serious shortages of medical supplies required for civilian use in the United States Zone which could not be met when properly authorized. Preliminary estimates of future requirements have been prepared and checked by Military Government Health Officers. Medical supplies are stored in captured depots or in civilian depots. Every effort is being made to distribute supplies through civilian channels. United States military stocks are utilized only after the Military Government Health Officer of the Regierungsbezirk Detachment certifies that local supplies are unavailable and required.

In Berlin agreement has been reached by the Public Health Committee of the Kommandatura of the City of Berlin for the furnishing of needed medical supplies from local German sources within the city to as large a degree as possible, and for the provision of medical supplies from their respective zones of occupation in proportion to the populations of their respective sectors. Medical supplies shipped into United States Sector are distributed from a civilian medical supply depot established for this purpose. There is no central medical supply depot in operation by the City of Berlin. Purchases are made directly by the official pharmacist of each Verwaltungsbezirk from official distributors who fill requirements from stocks on hand or supplies locally available.

Narcotic drugs are being controlled by the German authorities with no evidence of abuse to date. Apothecary control has been effected in the same manner.

During the month production control activities continued. Numerous small plants have been authorized to produce items normally produced by them within the limitations imposed by currently available raw materials and fuel. In the Eastern District, Siemens-Reniger at Erlangen, one of the large producers of X-ray and electro-diagnostic and therapeutic equipment has been authorized to produce X-ray units and accessories, diathermy apparatus and dental units. The Anorgana plant near Munich has been authorized to produce insulin for a limited time only in order that glands available in the immediate vicinity may be utilized. This plant has not previously produced insulin. With adequate capacity already existing in Hoechst for all American Zone requirements and surplus for export, providing adequate glands are obtained, the Anorgana plant will not continue insulin production.

In the Western District the Merck Plant at Darmstadt continued tableting and packaging of finished products and action has been initiated to reinstitute as quickly as possible alkaloid production. At Hoechst, insulin continued to be produced insofar as the necessary glands were available. The Behringwerke plant at Marburg continued to produce biologicals. In addition, this plant has been authorized to initiate research in and production of vaccine for the treatment of foot and mouth disease. The Behringwerke plant has experienced difficulty in obtaining laboratory animals, so has been authorized to breed their own animals.

SECTION VI

DISPLACED PERSONS & REFUGEES

MEDICAL CARE IN CENTERS

Medical care of displaced persons continues as a responsibility of Military Government Detachments. It is being furnished by both military and UNRRA personnel.

HOSPITALIZATION

There are 25 hospitals with 3,541 beds set aside in the United States Zone as "D.P." hospitals. Other hospitalization is furnished by utilization of German facilities and, where necessary, United States military facilities.

MOVEMENTS

The movements of displaced persons and refugees through the United States Zone allows importation of infectious diseases of all types. If efforts to detect such diseases should be unsuccessful epidemics may occur. The difficulties involved in preventing spread of communicable diseases by migrant populations is recognized as a potential threat that requires constant vigilance.

UNRRA

It is anticipated that UNRRA will undertake on 1 October 1945 to initiate the furnishing of medical and dental care for displaced persons in accordance with a proposed agreement between the Theater Commander and UNRRA. The Military will be compelled to supplement the efforts and performance of UNRRA initially, but every aid is being advanced to permit the earliest practicable release of all responsibility for direction and functions to UNRRA, under Military Government supervision.

There are 106 doctors and 105 nurses with UNRRA teams furnishing dispensary and local medical care to displaced persons in the United States Zone at this time.

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MEDICAL AND HEALTH AFFAIRS

TABLE I
DISTRIBUTION OF
MILITARY GOVERNMENT MEDICAL PERSONNEL
UNITED STATES ZONE OF GERMANY
(1 September 1945)

Area and Personnel Category	Total	Medical Corps	Sani- tary Corps	Veter- inary Corps	Medical Adminis- trative Corps	Army Nurse Corps	Other
TOTAL	136	38	28	7	20	42	1
EASTERN MILITARY DISTRICT	<u>62</u>	<u>16</u>	<u>12</u>	<u>5</u>	<u>7</u>	<u>22</u>	
Regional Team	8	2	3	1	1	1	
Mainfranken	8	2	2	1	0	3	
Oberfranken und Mittelfranken	12	3	2	1	1	5	
Nieder Bayern und Oberpfolz	13	3	1	1	2	6	
Schwaben	10	3	2	0	2	3	
Oberbayern	11	3	2	1	1	4	
WESTERN MILITARY DISTRICT	<u>71</u>	<u>21</u>	<u>15</u>	<u>2</u>	<u>12</u>	<u>20</u>	<u>1</u>
Medical Group	16	10	2	0	3	1	
Hessen-Nassau	7	2	2	1	0	1	1
Kassel	6	1	1	0	2	2	
Wiesbaden	5	1	0	0	3	1	
Frankfurt am Main	5	1	2	0	1	1	
Hessen							
Baden	1	0	1	0	0	0	
Mannheim	7	1	2	0	1	3	
Karlsruhe	5	2	1	0	0	2	
Wuerttemberg	16	2	3	1	2	8	
Bremen Enclave	3	1	1	0	0	1	
BERLIN DISTRICT (UNITED STATES SECTOR)	3	1	1	0	1	0	

TABLE II
DISTRIBUTION OF
GERMAN CIVILIAN MEDICAL PERSONNEL
IN
UNITED STATES ZONE IN GERMANY
(1 September 1945)

Area and Personnel Category	Phys- icians	Nurses	Dent- ists	Mid- wives	Pharm- acists	Sanitary Inspect- ors	Veterin- arians
TOTAL	5,630	10,084	1,026	1,124	563	275	425
EASTERN MILITARY DISTRICT	<u>4,622</u>	<u>8,717</u>	<u>1,026</u>	<u>1,124</u>	<u>563</u>	<u>275</u>	<u>425</u>
Mainfranken	450	680	127	180	156	83	40
Oberfranken und Mittelfranken	700	850	150	200	100	40	100
Nieder Bayern und Oberpfolz	600	750	130	200	100	50	100
Schwaben	425	630	150	120	130	62	85
Oberbayern	2,447	5,807	469	424	77	40	100
WESTERN MILITARY DISTRICT	Data not available at this time.						
BERLIN DISTRICT (UNITED STATES SECTOR)	1,008	1,367					

AUGUST 1945

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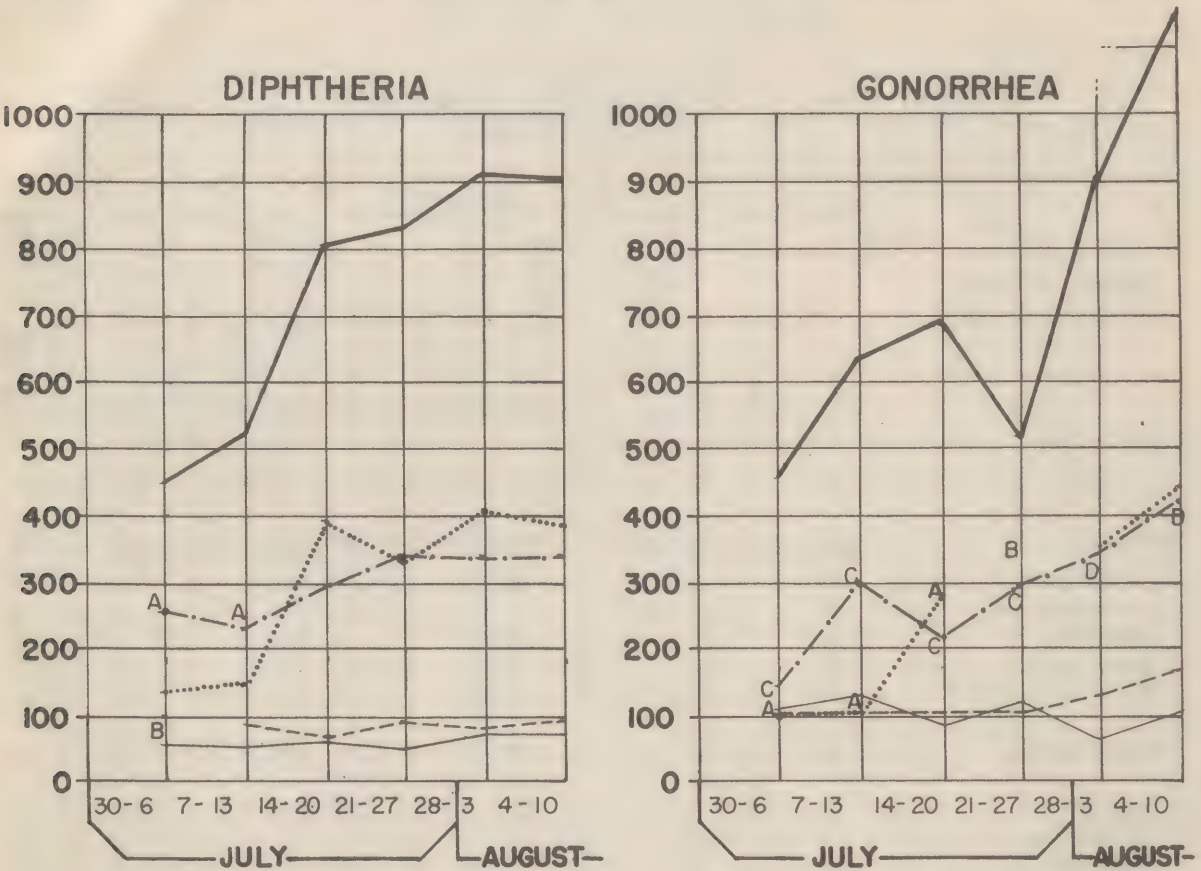
TABLE III
STATUS OF GERMAN HEALTH OFFICIALS IN UNITED STATES ZONE OF GERMANY
1 September 1945

District/Land/ Regierungsbezirk	AMTSARZT														
	Male	Female	Young	Middle Aged	Old	Trained Health Officer	Not Trained Health Officer	Full Time	Part Time	Classified Good By USPHO (a)	Classified Poor By USPHO	Unknown By USPHO	Classified Good By German PHO (b)	Classified Poor By German PHO	Unknown by German PHO
TOTAL	197	9	87	83	36	111	95	36	170	135	28	43	116	38	52
BAVARIA	<u>122</u>	<u>5</u>	<u>63</u>	<u>45</u>	<u>19</u>	<u>60</u>	<u>67</u>	<u>17</u>	<u>110</u>	<u>80</u>	<u>16</u>	<u>31</u>	<u>68</u>	<u>21</u>	<u>38</u>
Oberbayern	24	0	9	13	2	14	10	2	22	16	0	8	14	3	7
Niederbayern	37	2	18	12	9	23	16	6	33	32	1	6	24	6	9
Schwaben	16	1	9	6	2	5	12	2	15	13	3	1	7	4	6
Mainfranken	16	1	12	5	0	7	10	3	14	6	11	0	8	7	2
Mittelfranken	29	1	15	9	6	11	19	4	26	13	1	16	15	1	14
HESSEN NASSAU	<u>30</u>	<u>0</u>	<u>8</u>	<u>13</u>	<u>2</u>	<u>20</u>	<u>10</u>	<u>5</u>	<u>25</u>	<u>19</u>	<u>3</u>	<u>8</u>	<u>16</u>	<u>5</u>	<u>9</u>
Kassel	15	0	3	6	6	13	2	2	13	13	1	1	10	3	2
Wiesbaden	14	0	5	7	2	6	8	2	12	5	2	7	5	2	7
Frankfurt	1	0	0	0	1	1	0	1	0	1	0	0	1	0	0
BREMEN ENCLAVE	3	1	1	3	0	3	1	2	2	3	0	1	3	0	1
BERLIN	5	1	6	0	0	4	2	4	2	4	2	0	0	2	0
DARMSTADT	9	2	1	8	2	10	1	2	9	9	2	0	9	2	0
WURTEMBERG-BADEN	<u>28</u>	<u>0</u>	<u>8</u>	<u>14</u>	<u>6</u>	<u>14</u>	<u>14</u>	<u>6</u>	<u>22</u>	<u>20</u>	<u>5</u>	<u>3</u>	<u>20</u>	<u>4</u>	<u>4</u>
Stuttgart	19	0	6	9	4	8	11	3	16	12	4	3	12	4	3
Karlsruhe	3	0	1	1	1	2	1	1	2	3	0	0	3	0	0
Mannheim	6	0	1	4	1	4	2	2	4	5	1	0	5	0	1

Legend:

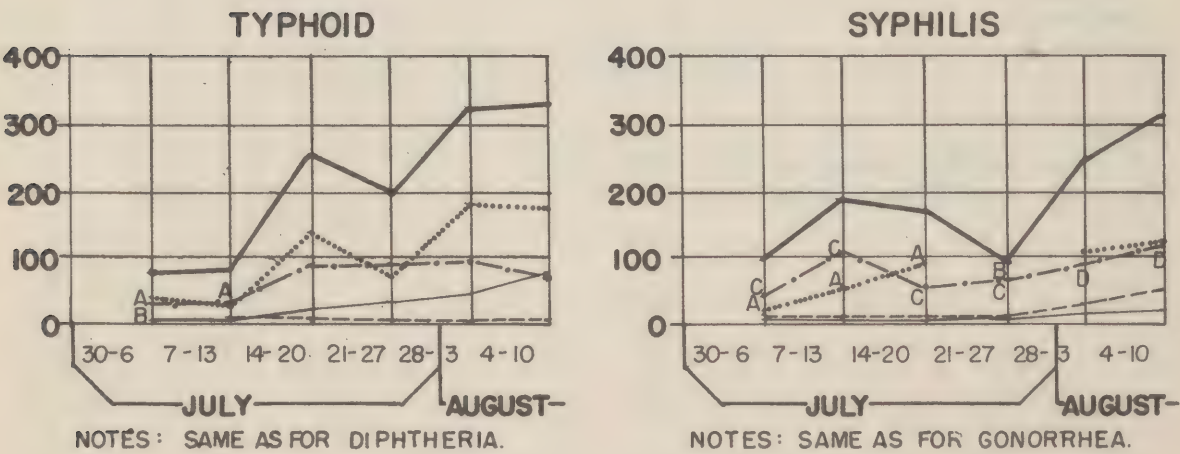
- (a) USPHO-United States Public Health Officer
(b) PHO -Public Health Officer

NEW CASES OF DISEASES, GERMAN CIVILIANS, U.S. ZONE



NOTES: TOTALS MODIFIED AS INDICATED
A: LACKS BADEN
B: NO DATA SUBMITTED FOR BREMEN.

NOTES: TOTALS MODIFIED AS INDICATED
BREMEN REPORTED BY MONTHS;
WEEKS INTERPOLATED.
A: LACKS MAINFRANKEN
B: NO DATA SUBMITTED
C: LACKS MANNHEIM
D: HESSEN REPORTED AUGUST MONTHLY TOTAL; WEEKS INTERPOLATED

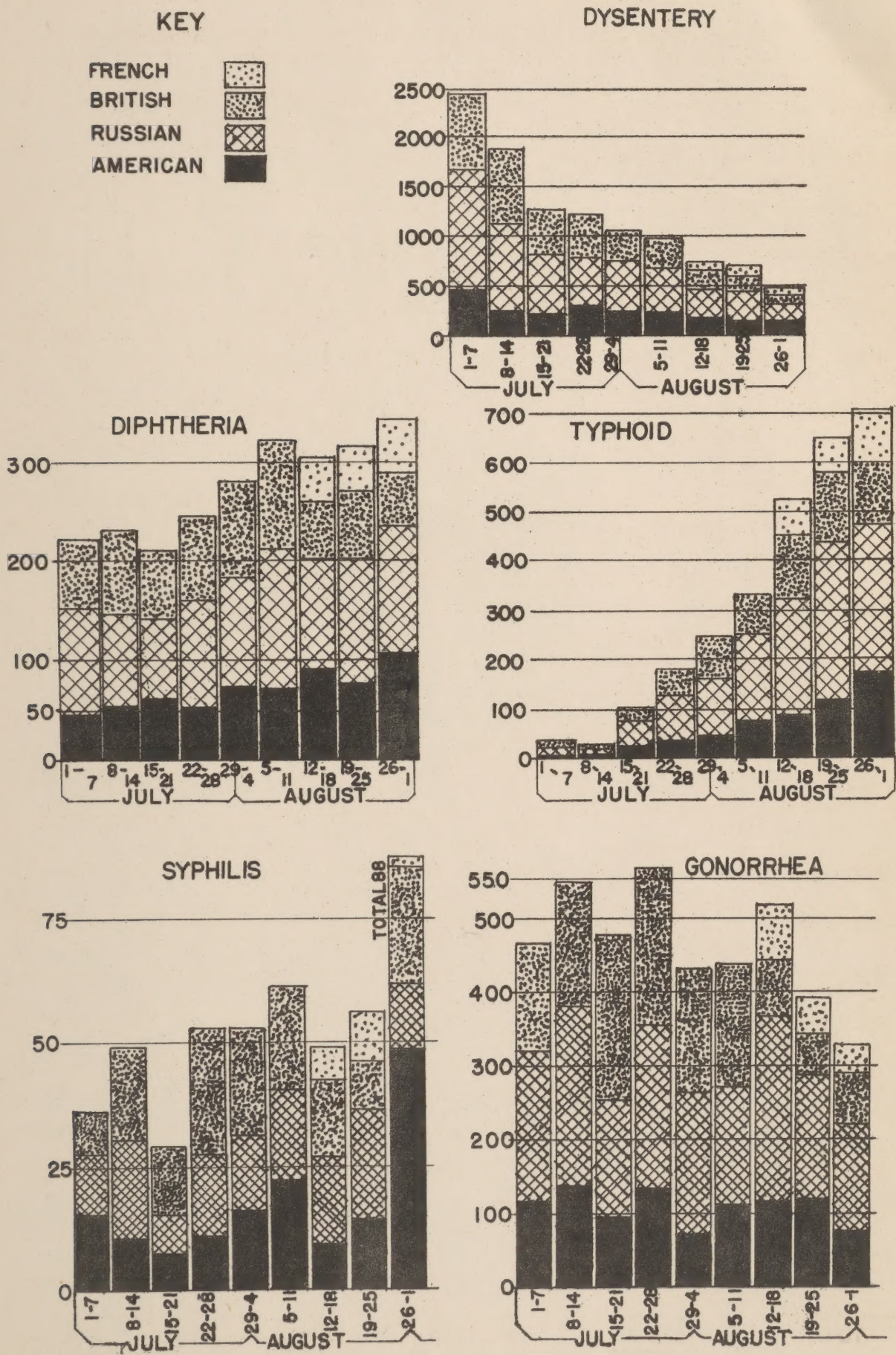


NOTES: SAME AS FOR DIPHtheria.

NOTES: SAME AS FOR GONORRhea.

KEY				
<div><div>TOTAL</div><div>Solid line</div></div>	<div><div>EASTERN MIL. DISTRICT</div><div>Dotted line</div></div>	<div><div>WESTERN MIL. DISTRICT</div><div>Dashed line</div></div>	<div><div>BREMEN ENCLAVE</div><div>Dash-dot line</div></div>	<div><div>BERLIN DISTRICT</div><div>Long-dashed line</div></div>

NEW CASES OF DISEASES AMONG BERLIN CIVILIANS



NEW CASES OF DISEASES AMONG GERMAN CIVILIANS

